

FEB 21 1928

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.  
1876

1. PLACE OF DEATH  
 County Mississippi Registration District No. 567  
 Township East Prairie Primary Registration District No. 4334  
 City East Prairie St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Lou Naomi Dick  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29 - 1924

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>3 years</u>	<u>11</u>	<u>0</u>	<u>0</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) Father  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Washington Co. Mo.

10. NAME OF FATHER Chester C. Dick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Larene (STATE OR COUNTRY) Mississippi County

12. MAIDEN NAME OF MOTHER Mary Della Young

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Casey County Ken.

INFORMANT Chester Dick  
 (Address) East Prairie Mo

15. FILED 2-6-28 Duffin Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 28, 1928, to Jan 29, 1928 that I last saw her alive on, Jan 29, 1928, and that death occurred, on the date stated above, at 6 A.M., 1928, a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diphtheria

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Geo W Whitaker, M. D.  
2-1-1928 (Address) East Prairie Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cem. DATE OF BURIAL Feb. 30 1928

20. UNDERTAKER Ed Shelby ADDRESS East Prairie Mo.

Do not state EXACTLY. PHYSICIANS should state classification. Exact statement of OCCUPATION is very important.

